



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

July 20, 2007

Lavon Rhodes, Administrator  
Challis Assisted Living Facility  
1050 N Clinic Rd  
Challis, ID 83226-1050

License #: RC-773

Dear Ms. Rhodes:

On June 5, 2007, a follow-up/revisit, state licensure survey was conducted at Challis Assisted Living Facility - Custer Hca, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, MSW  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

PWG/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

June 14, 2007

Lavon Rhodes, Administrator  
Challis Assisted Living Facility  
1050 N Clinic Rd  
Challis, ID 83226-1050

Dear Ms. Rhodes:

On June 5, 2007, a follow-up visit to the state licensure survey of August 11, 2006, was conducted at Challis Assisted Living Facility. The core issue deficiencies issued as a result of the August 11, 2006, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 5, 2007.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

Jamie Simpson, M.B.A., Q.M.R.P., Supervisor  
Residential Community Care

JS/slc

c: Melanie Belnap, Program Manager, Regional Medicaid Services, Region VII – DHW  
Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards



## ASSISTED LIVING

### Non-Core Issues

### Punch List

Facility Name	Physical Address	Phone Number
Challis Assisted Living Facility	1050 N. Clinic Rd	(208) 879-3030
Administrator	City	ZIP Code
Lavon Rhodes	Challis	83226-1050
Survey Team Leader	Survey Type	Survey Date
Polly Watt-Geier	Follow-up Survey	6/5/07

[illegible]

Date Signed \_\_\_\_\_

Signature of Family Representative  
*Sally Rhodes*

6/05/07